2002 UNIFORM BUSINESS REPORT (UBR)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am Secretary of State

DOUCMENT # P01000076525 DO NOT WRITE IN THIS SPACE 2. Integration of the company of the compan	UNIFORM BUSINESS REPO	RT (UBR)	05-02-2002 90099 041 ***150.00
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Suite. Apt. F. etc. Suite. Apt. F. etc. Suite. Apt. F. etc. Suite. Apt. F. etc. City & Suite Gainesville, Florida Miami, Florida A. FEI Number 32 5.007 S. Contests of Sales Desired St. 73 5396 Not. Application	4000 a 00	W 104 Stroot	
Gainesville, Florida Mismi, Florida Application Applica	Suite, Apt. #, etc. Suite, Apt. #, etc.	N 104 BCLEEC	DO NOT WRITE IN THIS SPACE
2 2607 3 3176 County 3 3176 County 5 Contribute of Status Doined 5 75 Additional fee Required 7 Name and Address of Current Registered Agent Fee Required Not Naccarato & Associates, P.A. Street Agency P. Down Maria 1	Gainesville, Florida Miami, F	lorida	1 59-3735396
DO NOT WRITE IN THIS SPACE Name and Address of Current Registraned Agent	1 2 2 C 0 7	Country	5. Certificate of Status Desired \$8.75 Additional
The above named exity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. SICNATURE STORMANURE 1. This concretion is ofligible to satisfy as intamplible allowed agent and their deplaces. Incit: registered agent, or both, in the State of Florids. SICNATURE 9. This concretion is ofligible to satisfy as intamplible after the purpose of changing its registered office or registered agent, or both, in the State of Florids. SICNATURE 9. This concretion on purind rever'd implementages and without applicate. Incit: registered office or registered agent, or both, in the State of Florids. SICH and mind pregistered print develops to do so. After May 11 Fee it \$150.00. After			7. Name and Address of Current Pegistered & cont
IN THIS SPACE City Miami	DO NOT WRITE	Nat 1	Naccarato & Associates, P.A.
City Miami FL 3/3 Code 6 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, spend or prime have of registered registered agent, or both, in the State of Florida 9. This corporation is elligible to satisfy is intengible Tas Rilling requirement and elects to do so Secretaria on back it and elects to do so Secretaria on back it and elects to do so Mark May 1, Felia els \$550.00 After May 1, Felia els After May 1,		Street Address (P.O. Box Number is Not Acceptable) SW 104 Street
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. SIGNATURE SIGNATURE 9. This corporation is eligible to saistly its intangible Taylocate. 9. This corporation is eligible to saistly its intangible Taylocate. 11. OFFICER AND DIRECTORS 12. OFFICER AND DIRECTORS 12. OFFICER AND DIRECTORS 13. Interpolation of the information supplied with the filing does not qualify for the exemption stated in Section 119.07(3)(0), Floride Statues, and that my name appears in Block of the original and clarked on the report of supplemental report is line and officer or directors 13. Interpolation and directors with an addirect and and other lake employment of the process of the			
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9. This corporation is displated aspirate and ordinated approximately appearant and interplated in Section 1990 (See criteria on back) 1	The above named entity submits this statement for the purpose of changing	g its registered office or register	ed agent, or both, in the State of Florida.
9. This corporation is eligible to savisfy its Intangible Tax Ring requirement and elects to do so (See criteria on back) 11. OFFICERS AND DIRECTORS TILL P/D ANNA CORSA 1225 S W 81 Drive Gainesville, Florida 32607 TILL NAME SIREET ADDRESS CITY-ST-2P TILL NAME SIRET ADDRE	Clausers &d.		
Securitaria on back Corporation Corpo			when reinstating) DATE
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SIGNATURE: Conform (305) 598-2276	indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee empowered to execute this report attachment with an address, with all other like empowered.	or the exemption stated in Section my signature shall have the san ort as required by Chapter 607,	on 119.07(3)(i), Florida Statutes. I further certify that the information ne legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 11 or on an
	SIGNATURE: While Confe	JORGA A.	(305) 598-2276